

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO.		FILING DATE	
								APPLICANT		09/701501	
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.											
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TOTAL CLAIMS											

0-750 (5-75)

*PAT. \$2.000 FOR ADDITIONAL CLAIMS OR AMENDMENTS

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